

**862805**

SIN/NAS

**LONGBOAT**

Surname/Nom

**Thomas Charles**

Given names/Prénoms

**CANADIAN FORCES  
FORCES CANADIENNES**

**PERSONNEL RECORDS ENVELOPE  
ENVELOPPE DES DOSSIERS DU PERSONNEL**

**DECEASED 9-1-49**

**649-L-23245**

**"CONTENTS CONFIDENTIAL"**

**"CONTENU CONFIDENTIEL"**

**COMPONENT  
ÉLÉMENT**

**5730**

**C.E.F.**



ORIGINAL

No. 862805

ATTESTATION PAPER.

125th. OVERSEAS BATTALION C.E.F.  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Longboat
- 1a. What are your Christian names?..... Thomas *Longboat*
- 1b. What is your present address?..... Caledonia, Ontario.
2. In what Town, Township or Parish, and in what Country were you born?..... Brant County, Ontario.
3. What is the name of your next-of kin?..... Mrs Loretta Longboat
4. What is the address of your next-of-kin?..... Caledonia, Ontario.
- 4a. What is the relationship of your next-of-kin?..... Wife
5. What is the date of your birth?..... July 4th 1886
6. What is your Trade or Calling?..... Professional Runner
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... 5 years 37th. Battalion, Haldimand  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Longboat, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date 17th. February 1916. *Thomas L. Longboat* (Signature of Recruit)  
*Geo E. Stephenson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Longboat, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date 17th. February 1916. *Thomas L. Longboat* (Signature of Recruit)  
*Geo E. Stephenson* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Brantford this 17th. day of February 1916

*W. Newman* (Signature of Justice)  
*W. O.C.*



Description of Thomas Longboat on Enlistment.Apparent Age 29 years 7 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft 10 $\frac{3}{4}$  ins.Chest measurement { Girth when fully expanded 40 ins.  
Range of expansion 5 ins.Complexion DarkEyes BrownHair BlackReligious denominations { Church of England Yes

Presbyterian

Methodist

Baptist or Congregationalist

Roman Catholic

Jewish

Other denominations  
(Denomination to be stated.)

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* Fit for the Canadian Over-Seas Expeditionary Force.Date 17th. February 1916.Place Brantford. Ontario.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

G. M. Hanna  
Capt  
Medical Officer.

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Thomas Longboat having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.A. H. O'Brien Major (Signature of Officer)  
for O.C. Comdg. 180th O.S. Battalion, C.E.F.  
Date 17th. February 1916.



War Service Badge

Class "A" No.

281168

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

DISP. AREA

300. GRCU

J

11-5

1. No. 862 805

2. Rank. Sapper

3. Name. LONGBOAT TOM CHARLES

4. Unit. 2ND BATTY CE

5. Date of Discharge MAY 9 1919 Place Hamilton

6. Reason for Discharge



DEMOBILIZATION

7. Authority. No. 2 District Depot, Part I, D.O. No. 133

8. Proposed Residence after Discharge CALEDONIA P.O.

CALEDONIA ONTARIO

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? Thomas H. Longboat

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place HAMILTON, ONT.

Date MAY 9 1919

Signature

(O. C. Discharging Unit.)



## LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(enclosed in special envelope (280M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Discharge Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2),  
and Clothing
12. Last Pay Certificate (P. 851), *sup.*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Summary Documents.

Group B

Checked by No. 14  
STL

Date 19.4.19



No. 862805 RANK

NAME

Longboat T. C.

Pte  
Priv. L/cpl

T. O. S. 17-2-16

UNIT

180th Battalion

(L.O. #40.29.2-16)

M. D. #2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb 17	1916 mar 31	✓		
april		✓		
may		✓		
June		✓		
July		✓		
Aug		✓		
Sept		✓		
Oct		✓		
Nov		✓		
			app. L/cpl date not stated	20135 of June.
			shown as pto.	
				UNIT SAILED NOV 13 1916



SURNAME.

Longboat

CHRISTIAN NAMES

Thomas

REGL. NO.

862805

RANK

Lieut. / 6 pl. Pte.

UNIT 180

FORMER CORPS

5 yrs. 37<sup>th</sup> Bn. Haldimand

NEXT OF KIN.

NAMES IN FULL

Longboat, Mrs. Loretta

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

Caledonia, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Brant Co., Ont.

DATE

July 4<sup>th</sup> 1886

PLACE OF ATTESTATION

Brantford, Ont.

DATE

Feb. 17<sup>th</sup> 1916

Sailed from Halifax P.R.

S.S. Olympic 14-11-16.

L. L. 94504. M. &amp; D. 0512.

M. F. W. 22.

320

H. Q. 1773-34-339

a/c 7-5-19 107 Apr.

"42" CARD NO.

180805-9-5-19

Demob. D.O. 133

FOLL. 13/5/19 #22.D.2

Bn.



MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Professional Runner

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

29

YEARS

7

MONTHS

HEIGHT

5

FEET

10 <sup>3</sup>/<sub>4</sub>

INCHES

CHEST MEASUREMENT

40

INCHES

EXPANSION

5

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Not Stated

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Feb. 17<sup>th</sup> 1916

Present Address, Caledonia, Ont.



Number.

862805

Rank.

649-L-2B 745  
Cpl. B

Surname.

LONGBOAT

Christian Name.

Thomas Charles

Units

C.E.

Theatre of War

France

Date of Service.

25-2-17

Remarks.

229 Eekine Ave.

Latest Address.

Toronto.

Caledonia P.O.  
Ont.

Roll No.

B. Page 5466



DESP. NOV 14 1934

REGN. NO. 154



Reg. No. 862805.

Name

Name *Longboat T*

Rank

Rank.....Pte

Corps

180

Age

30

## Service

Ledger No.

871

Serial No.

## HOSPITALS

DATE \_\_\_\_\_

## DIAGNOSIS

James St John, N. B.  
Dio to Duty

29.10.16

Confused Side

1. 11. 16



HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.



No. 12 Canadian General Hospital.

File B.M.H.

Bramshott Hants  
March 27th. 1919.

To:- Officer in Charge, Medical Boards  
Canadian Corps Camp  
Bramshott.

No. 862805  
Pte Longboat, T.C.

In the case of the marginally noted man I can  
find no evidence of pathological condition in  
heart or lungs.

*M. J. Jones* ... Capt. C.A.M.C.



19

THIS FORM WILL BE USED FOR ALL RANKS  
**MEDICAL HISTORY OF AN INVALID**

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Bramford DATE 27-3-19

1. 1 (a) Unit 2<sup>nd</sup> Bn 68 (b) Regimental No. 862805 (c) Rank OPR  
(d) Surname LONGBOAT (e) Christian name THOMAS CHARLES  
(f) Home address Leedsdonia Ont  
(g) Next of Kin Mrs Horetta Longboat (h) Relationship Wife  
(i) Address of Next of Kin Leedsdonia Ont
2. Age last birthday 32 Date of birth July 4<sup>th</sup> 1886
3. Enlistment, or Appointment (if an Officer) (a) Place Bramford (b) Date Feb 17<sup>th</sup> 1916
4. Personal description:  
(a) Height 5-10 3/4 (b) Weight 150 lbs (c) Complexion Dark  
(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Leucoderma on Cheek  
Professional Runner
5. Former trade or occupation Professional Runner

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years		Days	
	From	To	From	To
Canada	Feb 17 <sup>th</sup> 1916	Nov 13 <sup>th</sup> 1916	42	
England	Nov 13- 1916	Feb 25 <sup>th</sup> 1917		
France or other theatres of War	Feb 25 <sup>th</sup> 1917	Mar 23-1919		

7. Original disease, or injury myalgia

- (a) Date of origin 1917 (b) Place of origin France  
(c) Cause Gas poisoning on Service



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Pain and stiffness in left leg & chest

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

objective signs - none.

subjective signs - He states that he gets pain in his left leg particularly around the knee and in his breast. The pain is not constant but intermittent, and comes on with change of weather.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?  
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....no..... Cardio-Vascular System.....no..... Genito-Urinary System.....no.....  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no.....  
Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no.....  
Osseous and Joint Systems.....no..... Any other general condition.....no.....

10. (a) History (of the condition referred to in Section 9 (a).)

This condition came on him some time in 1917 while on active service in France. and it has troubled him at times ever since. He was always able to carry on his work



10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

*Obstruction in nose in 1913. Cough and discharge.  
Had operation and was much relieved.*

(c) (Here give a description of wounds, scars and deformities.)

*nil*

11.—(a) Did the disabling condition have its origin before enlistment? *no*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

*not applicable.*

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *no* — *no*

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *Six months*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

*nil*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*  
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *yes. 6*  
(If not, briefly state why)

17. Recommendations. *none.*

*C. O. Moore Capt Comd.*  
Medical Officer by whom the case is brought forward.

#### STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *Charles Thomas Longboat* have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

*T. C. Longboat* *Spur* Rank.  
Signature of invalid examined.

*am*



## 4

number of the answer criticised.

This man is <sup>48</sup> 32 years old, but  
accepted as a perfect worker  
because of his infirmities.

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes or No.)
(b) <del>Service</del> abroad, not general service;	( " B)	( <del>Yes or No.</del> )
(c) <del>Home</del> service (Canada only),	( " C)	(Yes or No.)
(d) Temporarily unfit.	( " D)	(Yes or No.)
(e) Unfit for service in Categories A, B and C	( " E)	(Yes or No.)

*yes A*

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

.....

(b) Does not require treatment.

(c) ~~Should pass under his own control.~~

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable.)

21. ~~It is recommended~~ that the invalid be discharged. (When not for discharge add special recommendation.)  
*Branded under Arch Act a.g. 9083 of 11-11-19*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Bramshatt

DATE 29-3-19

Cha. F. Johnson President.  
 H. A. Johnson Capt  
 Members

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE.....

.....President

..... } Members

DATE.....  
APPROVED BY *J. H. McKenzie* AI  
*for* Assistant Director of Medical Services.

APPROVED BY *D. H. McKenzie Capt*  
for Assistant Director of Medical Services.

APPROVED BY \_\_\_\_\_  
Director-General of Medical Services.

DATE.....29/3/19.....

DATE 29/3/19 DATE .....



LTR

Rank

Name

LONGBOAT, Thomas C.

Reg'l No.

862805

Unit

180th, Bn.

If in perm. Corps,

What Unit?

Married or Single Married.

Place and Date of Enlistment Brantford, 17th, Feb, 1916

Place of Birth Brant County.  
Ontario.

Name and Address, Next-of-Kin Mrs Loretta Longboat.

Caledonia, Ontario.

Relationship

Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England. S.S. Olympic.		20-11-16.	
6.1.17	180th Bn.	S O S to 3rd. Res. Bn	W, Sandling	6-1-17	Pt 11 D.O, 6
6-1-17	3rd R. BN	TOS of 3RD RES BN	W, S'ling	6-1-17	PT. 2 D.O 3
18.1.17	do	S O S to 107th Bn	do	18.1.17	" 15
19.1.17	O.C. 107th Bn	T.O.S on task from 5th Bn	Willery	18.1.17	" 18
		PROCESSED UNDER	WILLERY	18.1.17	PT 20 3 - MAR 1917
		Now Known as 107th Pioneer Canadian Engs.		10 MAR 1918	
2.7.18	2nd Bn CE	T.O.S from 107th Pnr.	Field.	30-5-18	DO-I X 107th D.O, 66
10.3.19	"	Sentenced 4 days F.P. No. 1. for W.P.A.S. Agent from Guard mounting after being duly warned.	Sgt.	4.2.19	" 15
			54. J.	29.4.19.	
1.4.19	Bn. WgCCC	T O S From 2nd Bn CE	B'mabott	28. 3. 19	DO 10





# DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

## PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

### INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 125th O S Battalion transferred  
to 180th Battalion

(2) Regimental Number..... 862805

(3) Full Name of Soldier..... Thomas C Longboat

(4) Place of Birth..... Caledonia, Ont.

(5) Are you married, or not?..... Yes

(6) If married, state,

(a) Full name of your wife..... Lorretta Long boat

(b) Present Postal Address..... Caledonia, Ont

(7) Are you a widower?..... No

(8) Have you any children?..... No

If so, give number of boys and girls..... ✓

Also their names and ages..... ✓

(9) Is your Father alive?.....No.....

If so, state name and address.....

(10) Is your Mother alive?.....No.....

If so, state name and address.....✓.....

(11) If your Mother is a widow.....✓.....

Are you her sole support, or not?.....✓.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

.....Yes.....

15) Are you insured?.....No.....

If so, in what Company?.....✓.....

Have you made arrangements for payment of your Insurance premium.....✓.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

.....  
A. A. O'Brien  
Officer Commanding.

Date.....September 28.....1916



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 862805

(Rank)

Sapper

Name (in full)

LONGBOAT

Tom Charles

enlisted in

the

180<sup>th</sup> Bn

CANADIAN EXPEDITIONARY FORCE at

Brantford

on the

17<sup>th</sup>

day of

February

1916

HE served in

2<sup>nd</sup> Bn C.E.

in England and France

Demobilization.

and is now discharged from the service by reason of

~~Medical Unfitness.~~

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age

32

Marks or Scars

Height

5 ft. 10 3/4 ins.

Complexion

Dark

Eyes

Brown

Hair

Black

Thomas Longboat

Signature of Soldier

Date of Discharge

HAMILTON, ONT.

**NO. 2**

**MAY 9 1919**

**DISTRICT DEPOT.**

Issuing Officer

For

O.C. No. 2 District Depot.

Rank

Date

May 9 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

# CANADIAN EXPEDITIONARY FORCE DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 863805 (Rank) Private  
 Name (in full) LONGSTON  
 enlisted in the  
 Uniform is not to be worn after  
 expiration of one month from date of  
 discharge, except by special permission  
 of G. O. C. District.  
 HE served in 1st Canadian Trench Battalion

and is now discharged from the service by reason of  
 Demobilization.  
 Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age <u>32</u>	Marks or Scars <u>None</u>
Height <u>5' 10 1/2" 1/2"</u>	
Complexion <u>Fair</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	

Signature of Soldier [Signature]

Date of Discharge May 9 1919

HAMILTON, ONT.

DISTRICT DEPOT  
MAY 9 1919  
NO. 2

Issuing Officer [Signature]  
 G. O. C. No. 2 District Depot  
 Rank Major

Date May 9 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.



CANADIAN ARMY DENTAL CORPS, O.M.F.C.

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

Pongbaat T.C.

REGIMENT

2nd CE.

RANK

spr

No.

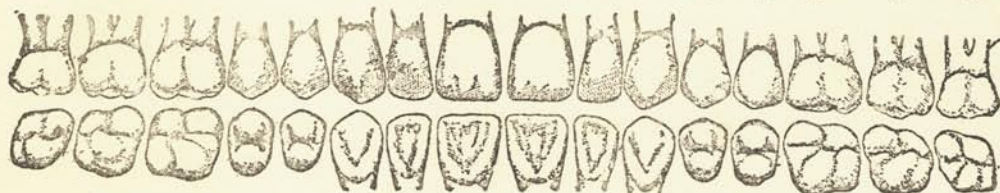
862806

Date of Examination in England

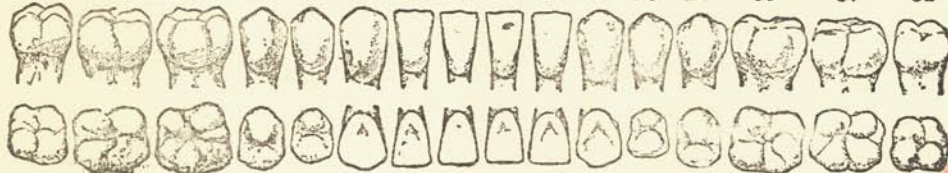
24/9/19

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



## PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Ce

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

Signature of Dental Officer

DIRECTIONS TO  
DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated

19f



# DUPLICATE

## MEDICAL HISTORY SHEET.

**180th. OVERSEAS BATTALION C.E.F.**

Surname LONGBOAT

Christian Name THOMAS

Examined { on 17th day of February 1916  
at Brantford. Ontario

Birthplace { City or Town Brantford  
County Brant. Ontario

Apparent age 29

Trade or occupation Professional Runner

Height 5 Feet 10 3/4 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 35 inches.  
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left.  
Number 3

When Vaccinated last In Infancy

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Vision R. D. 30

L. D. 30

Approved by

Rank Capt M.O.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date.	Result.	VACCINATIONS.
<u>28-9-16</u>		<u>R. Phillips</u> M.O.
		<u>R. Phillips</u> M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>28-9-16</u>		<u>R. Phillips</u> M.O.
<u>2-10-16</u>		<u>R. Phillips</u> M.O.
<u>10-10-16</u>		<u>R. Phillips</u> M.O.

Enlisted on day of March 1916 at Brantford. Ontario

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>125th O. S.</u>	<u>862805</u>	<u>Temperate</u>	
Transferred to	<u>Bn. C. E. F.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Surname

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
St John N.B.		29	10	16	1	11	16	Contused Sides			V. S. D. A.



ORIGINAL

ORIGINAL

## MEDICAL HISTORY SHEET

180th. OVERSEAS BATTALION C.E.F.

Surname LONGBOAT

Christian Name THOMAS C.

Examined { on 17th day of February 1916  
at Brantford, OntarioBirthplace { City or Town Brantford  
County Brant, Ontario

Apparent age 29

Trade or occupation Professional Runner

Height 5 Feet 10 3/4 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 35 inches.  
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm #3333 Left.  
Number 3

When Vaccinated last In Infancy

(a) Marks indicating congenital peculiarities or  
previous disease None(b) Slight defects but not sufficient to cause rejection  
None

Vision R. D. 30

L. D. 30

Approved by

Rank Capt M.O.

Date. Fit or Unfit. EXAMINED FOR RE-ENGAGEMENT.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date. Result. VACCINATIONS.

28-9-16 M.O.

M.O.

M.O.

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

28-9-16 M.O.

2-10-16 M.O.

10-10-16 M.O.

Enlisted on day of March 1916 at Brantford, Ontario

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	185th O. S.	862805	Temperate	JAN 6 1917
Transferred to	Bn. C. E. F. 3rd Res. Battr 107th Battr. C.E.F.			18-1-17

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
Branshott	29-3-19	myalgia	no maculae Capt

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Christian Name.

Signature  
of Medical Officer.



Nothing to be written in this margin.

W1889—PP 1150 1M\* 5/18 G.W.P. Co (3490)

## SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.  
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.]				(2) Regiment or Corps		(3) Regtl. No.	
(4) Surname							
(5) Christian Names							
(6) Army Form, number of, Attestation Form or Record of Service paper							
(7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918]							
(8) Date of birth as stated on enlistment							
(9) (a)							
(10) Enlistment (b)				(11) Engagement (c)			
(12) Service reckons from (date)				(13) Special conditions (if any) of enlistment (d)			
(14) Any subsequent variations (if any) of conditions of service				(14) Initials and Rank of an Officer.			
(Authority)				(date)			
(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)			
				Industrial Group No.			
				Trade or Calling			
				Married or Single			
				Particulars of Trade Test			
				Occupation Cards despatched on (date)			
				Second Occupation Card despatched on (date)			
(17) Next of Kin				(Signature of Posting Officer)			
(18) Demobilizer (f)				(Place)			
(19) Pivotal-man. (f)				(Date)			
(20) Qualifications (g)				or (21) Corps trade and rate			
(22) Extended {				(23) Re-engaged {			
(24) Miscellaneous entries:—							

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent; &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.



(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

29th April 1919 Embarked

S S Baltic Liverpool.

PROCEEDED TO CANADA

PT: 2-O-NO 13

DATE 29 24 19

FOR OC GROUP 19

29th April 1919 Embarked  
S S Baltic Liverpool.

CAPTAIN & ADJUTANT,  
No. 16 TRANS. ATLANTIC,  
CONDUCTING STAFF,  
O, E, F.

APR 29 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO

PART II D. O. 133

MAY 8 1919

S.O.S. No. 2 District Depot

Part II, D.O. No. 133

For O. C. No. 2 District Dep.

Nothing to be written in this margin



W.S.B. Class A

Fill in Only.—Unit, Number, Rank and Name.

# Casualty Form—Active Service.

M. F. W. 51.  
15th. 10-15.  
H.Q. 1772-39-920.

W.S.B. CLASS A

Unit, Regiment or Corps 180th O.S.B., C.E.F.

Regimental No. 862805 Rank Private Name Longboat, Thomas C.

Enlisted (a) 17-2-16 Terms of Service (a) Duration of war and necessary six months after 11 Service reckons from (a) 17-2-16

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b) Military-Civil-Professional  
Runner

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received			

Embarked- Canada- 13-11-16.  
Arrived- England- 21-11-16.

JAN 6 1917

OB  
18072

TRANSFERRED TO 3rd Bn BATTN. C.E.F.

West Sandling

6/1/17 P.I.D.O.6 P. H. D. O. 6 Lieut.  
Asst. Adj. 180th O. S. Battalion

6 JAN 1917  
18-1-17

OB. 2106  
do

taken on strength  
Transf'd to 107th Bn

Do  
W Sandling

6 JAN 1917 Pr 2 Bn O-15  
18-1-17 for 2 Bn O-15  
for 2 Bn O-15

CERTIFIED CORRECT.  
MAR 1917  
G.M. RECORDS, LONDON.

OB  
107th

taken on the strength

Witley

19/1/17 D.O. 191 Part 2

24-2-17

OB.C.  
107th

Proceeded Overseas

Witley Camp

25  
20-2-17 D.O. 51.75  
Part 2.d/20-217.  
For C.C. 107th Battalion. C.P.

5/3/17

ML.O.

Disembarked in France Boulogne

25/2/17 FR 7675.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]



862805. Longboat T.C.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
4/8/17	OC 107 <sup>th</sup>	To 1st Army Rest Camp	Field	21/8/17	B 213 Dec 49
18/8/17	OC 107 <sup>th</sup>	Returned from 1st Army Rest Camp		15/8/17	B 213 Dec 55
29.9.17	-	2nd Canadian Div. training for Corps Sports		29.9.17	B 213
6.10.17	-	From command		30.9.17	B 213
26-1-18	OC 107 <sup>th</sup>	Granted 14 days Leave to U.K.		21-1-18	B 213 Pt 2 DO 9 d/2-2-18
9-2-18	do	Returned		7-2-18	B 213
15-2-18	do	Sentenced to forfeit 5 days pay for W.O.A.S. overstaying leave from 1/11-5-2-18 to 1/11-6-2-18. Forfeits 1 day pay under Act		8-2-18	B 2069 Pt 2 DO 17 d/2-2-18
1-6-18	do	S O S 107 EN TO 2ND CDN ENGR BATTN	Field	28/5/18	B. 213 Pt. II. O. 66 d/2-7-18
1-6-18	O.C. 2nd C.F.B.	T O S 5. C.E BATTN	Field	29/5/18	Pt. II. O. 11. d/2-7-18
30.2.19	do	Sentenced to 7 days F.P.H. 1. for W.O.A.S. Absent off guard mounting after being duly warned		4.2.19	B. 2069 Pt 15 d/1919
	Enb. C.F.B.	Proceeded to England.		22.3.19	N.R. Pt 2 O. 15 d/1919

Ed Hewell

LIEUT.  
FOR LCOL.  
A.A.S.







P. 559.  
MARRIED OR SINGLE.

Married.

PLACE OF BIRTH

Brant City Ont Canada

NAME AND ADDRESS OF NEXT OF KIN

Mrs. Loretta Longboat.  
Galedonia, Ont.

RELATIONSHIP OF NEXT OF KIN

Wife.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS

PARTICULARS

EFFECTIVE DATE

ADMISSIONS TO HOSPITAL

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUISITION			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2	
			\$	C.			\$	C.			\$	C.				NO	DATE	NO.	DATE
1901-31	31	1 <sup>00</sup>	31	00	31	10	3	10						13	13 00				
1917															34 10				
Jan. 1-15	15	1 <sup>00</sup>	16	50											16 50	48	29-12-16		
Jan 16-31	16	1 <sup>00</sup>	17	66											17 60	113	29-12-16		
Feb 28			30	80											30 80				49 157
Mar 31			34	10											34 10				
Apr 30	30		33	00											33 00				
May 31			34	10											34 10				
June 30			33												33				
July 31			34	10											34 10				
Aug 1-20	20		22												22				
21-31	11	1 <sup>00</sup>	12	10											12 10	204			
															237				
Sept 30			33												33	539	297.7	606	15.8
			33	40											347 40	481	137.17	740	30.8

98 29-12-16  
113 29-12-16

49157

204 237  
539 297.7 606 158.  
481 137.17 740 30.8



AUTHORITY  
 REG'L. No. 862 805 RANK Pte NAME Longboat Thos. C.  
 IF IN PERMT. CORPS  
 WHAT UNIT UNIT 180<sup>th</sup> BATTN. TRANSFERRED TO 3rd Pte Bn DATE 1/2/17. AUTHORITY R.D. 71  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO 107<sup>th</sup> BATTN. DATE 2/8/17. AUTHORITY 22/1/17. 4/rolls  
 PLACE OF ATTESTATION Toronto Ont. TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION Feb. 17<sup>th</sup> 1916. TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ 15<sup>00</sup> DATE EFFECTIVE  
 PAYABLE TO Mrs Loretta Longboat. Caledonia. Ont. RELATIONSHIP Wife  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE RELATIONSHIP Canada  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)  
 ASSIGNED pay for month of Nov 1916  
 paid by Assigned Pay Branch, and  
 recovered on Nov 1916 Pay Sheets,  
 Canada.

ROLLS			CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4		1	2	3	4				CREDIT	DEBIT			
DATE	No.	DATE												
										13 00				
			243				15 10	30 80	45 80	1 30				Bat from Canada
			243				15 00		19 86		2 06			Extorted to 28 days detention
									65 66					27-11-16 D.O. 387 27-11-16
									2 06	15 54				
29/3-1917 2nd				487	6 10		15	770	27 57	18 77				award 7 days F.P. #2.
10/3-1917 2nd					174		15	3 30	26 14	26 73				Drunk B.O. 13-16/1/17.
14/3-1917 2nd							15		15	44 73				3 days F.P. #2 . 107 B.O. 33-2-17
P20-18/2							73	15	15 73	63 10				
RW 17/12/16 Watuloo to Milford				487			15		19 87	76 73				
14/2							15		15	95 33				
							15		15	102 33				To 107 <sup>th</sup> BATTN 2/8
			803											auth 7/rolls
			268						10 71	103 72				
			555	1785			15		48 90	87 82				
			535	535										
			26 27	28 07	12 71	73	150	4180	259 58					



A.P. 15<sup>00</sup>

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENT				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4		1	2	
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE			
1917	Ford		334	40					13	347	40									2627	2807	
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY	SER. ALLCE. ENG.										
Bror Ford		<del>87</del>	82							87 82												
Oct. P.P.		34	10							15												
		34	10	A.R. 919 107 Sn. 29.9.17		446				15 102 46												
						446																
Nov. T.P.		33								15												
				AR 989 " 15.10.17		535																
				" 1056 " 30.10.17		446																
Dec P.P.		34	10							15 129 75												
1918		<del>87</del>	10			981				30												
Jan Private		34	10	A-pay (Can)						15												
				AR 1107 11/11/17 1071k		357																
				" 1198 14/12/17 ✓		357																
				" 1146 30/11/17 ✓		1338																
				" 1243 30/12/17 ✓		446				123 87												
						2498				15												
						2498				15												
Feb P.P.		34	10																			
		30	80																			
				b.p. 87271 2/2/18 ✓ 107k		484																
				AR 553 58104 20/1/18 ✓		9433																
				" 1276 10/1/18 ✓		354																
				" 1359 30.1.18 ✓		10574																
		30	80			446				15 29 44												
						110 23																
Mch P.P.		34	10							15												
				D.O. 17. 25/2/18. 8 days pay 8/2/18. amtl. 5/2/18 ✓																		
				to 6/2/18. 7of. 1 days pay under Rev.		660																
				AR 1507-15/3/18- 104Pz ✓		803																
				" 1582-30/3/18 ✓		1446				29 45												
		34	10			12 49	660	15														



[illegible]



\* Strike out whichever is applicable.

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:- \$ 15 <sup>00</sup>		AMOUNT:-	

NAME:- LONG BOAT  
NUMBER:- 8628

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Loretta Long Boat  
Baledonia, Ont.  
WIFE

PARTICULARS OF

AUTHORITY	

UNIT AN

ORIGINAL UNIT:- 18

DATE ACCOUNT FIRST OF

AUTHORITY DATE EFFECT

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
11/3/19	2608		3.73				
27/3/19	1331	B. King	4.87				
30/3/19	1402	"	73.00				
			81.60				

DAILY RATES OF

AUTHORITY

PARTICULARS OF RENDERING NON-EFFECTIVE

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3
March 31	Bal Fwd						
Apr.	B.B.	33 -		bal.			
				A.R. 26. 107th Bn. 6-4-18.	3 54		
				A.R. 85. 107th Bn. 30-4-18.	4 46		
		33 -			8 03		
May	B.B.	34 10		C. A. P.			
				149 107 Bn. 8 5 18	4 46		
				208 " 17 5 18	3 57		
		34 10			8 03		
June	B.B.	33 -		C. A. P.			
				al 78 8/18 2nd Bn	4 46		
				" 101 17/6/18	3 57		
		33 -			8 03		
July	B.B.	34 10		bal.			
				AR. 143 2nd Bn. 11/7/18	4 46		
				AR. 264 2nd Bn. 17/7/18	3 57		
		34 10			8 03		
AUG 1918.		34 10		344 7/8 2008	3 57		
		34 10			3 57		
SEP 1918.		33 -		516 1/9	7 14		
		33 -			7 14		
Oct		34 10		795 1/10	3 73		
				974. 20/10/18	7 46		
		34 10			11 79		
Nov		33 -		1214 7/11	3 73		
Dec		34 10		1326 15/11	13 06		
		34 10		1443 6/12	2 73		
		10120			2052		

Completed by  
P. H. H. H.

(over)



ASSIGNED PAY.		ENGLAND or CANADA.		SEPARATION ALLOWANCE.		ENGLAND or CANADA.		NAME:- LONGBOAT, Thos C.															
EFFECTIVE DATE:-				EFFECTIVE DATE:-				NUMBER:- 862805															
AMOUNT:- \$15 <sup>00</sup>				AMOUNT:-				PARTICULARS OF RANK OR APPOINTMENT															
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A., THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY		DATE EFFECTIVE		RANK OR APPOINTMENT											
Mrs Loretta Longboat Bale donia, Ont. WIFE												Private											
								UNIT AND TRANSFERS															
								ORIGINAL UNIT:- 180 BN															
								DATE ACCOUNT FIRST OPENED:- 1. 12. 16															
				AUTHORITY		DATE EFFECTIVE		DATE LEDGER SHEET T'S'D		UNIT TRANSFERRED TO													
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS								UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.															
DATE OF PAYMENT		NUMBER OF A.R.		UNIT PAID BY		AMOUNT		DATE OF PAYMENT		NUMBER OF A.R.		UNIT PAID BY		AMOUNT									
11/3/9		2608		B. King		373																	
29/3/9		1391				487																	
30/3/9		1402				7300																	
						8160																	
								DAILY RATES OF PAY AND ALLOWANCES															
				AUTHORITY		PAY		F.A.		P.F.A.		SUBS'CE ALL'CE											
						1-		10															
PARTICULARS OF RENDERING NON-EFFECTIVE																							
MONTH		PARTICULARS		CR. 1		CR. 2		PARTICULARS		DR. 1		DR. 2		DR. 3.		DR. 4.		BALANCE		DEFERRED		SEPARATION	
Mch 31		Bal Fwd																2945					
Apr.		S.S.		33-				C.A.P.								15-							
								A.B. 26. 107 <sup>th</sup> Bn. 6-4-18.		3 57								39 42					
				33-				A.B. 82. 107 <sup>th</sup> Bn. 30-4-18.		4 46													
				34 10				C. A. P.		8 03						15 -							
May		S.S.		34 10				149 107 Bn		8 5 18		4 46						50 49					
				34 10				208 "		17 5 18		3 57											
				33 -				C. A. P.		8 03						15 -							
June		S.S.		33 -				AR 78 8/6/18 2 <sup>nd</sup> B.E. Bn		4 46								60 46					
				33 -				✓ 101 17/6/18		3 57													
				34 10				C.A.P.		8 03						15 -							
July		C.A.P.		34 10				AR 143 2 <sup>nd</sup> B.E. Bn. 11/7/18		4 46								71 53					
				34 10				AR 264 2 <sup>nd</sup> B.E. Bn. 17/7/18		3 57						15 -		87 50					
				34 10				34 + 7/8 20 E		3 57						15 -		87 50					
AUG 1918.				34 10				516 7/9		7 14						15 -		97 92					
				33 -				795 7/10		7 14						15 -		97 92					
OCT				34 10				974. 20/10/18		7 46								105 83					
				34 10				1214 7..		11 79						15 -		2570					
Nov				34 10				1326 15/11		13 56						15 -		1565					
Dec				34 10				1443 6/12 20 E		2 73						15 -							
				10120				(over)		2052						45 -		14151					



NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Feb.		30 40		1814 2/1 2 c 8	277			15	141 51		
				1658 20/12	389				64 90		
				1927 19	373				206 41		
March		34 10		2180 22/9	373			15	61 90		
				2355 14/11/9	3 73				7 70		
April		<del>33 00</del>		2458 19/11/9	9 33			15	69 60		
				2492 24/12/9	3 73						
				SENTENCED 10 7 DAYS F.P. No. 1							
				41/1/9 7 days 1 1/2		7 70			136 90		
					31 91	7 70		45	154 80	OK	
		<del>24 90</del>			31 91	7 70		45			
		64 90						30			
April		33 00						15			
				1276 22/3 B King c.c.c.	4 97						
				1402 30/3	73 00						
				208 12/4/19	9 73						
				370 16/4/19	487						
				2608 11/3/19 2 c.c.	2 73						
				568 25/4/19 L.L.	9 73				48 87		
		33 00		END. ON L.P.C.	105 93			15	118 87		
				5. FOR CANADA 29/4/19 M.O. No. 2							
				S.L. 54 C.F.							



[illegible]



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 95618—M. &amp; D. 6553

PAYMENTS.

Name of Soldier

Loretta Longboat

wife

862805

Pte Longboat Thos. G.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P1024	40	40
May		E3409	20	20
June		P8321	20	20
July		710226	20	20
Aug.		P18017	20	20
Sept.		T17822	20	20
Oct.		R. 20066	20	20
Nov.		X 23073	20	20
Dec.		X 26004	20	20
Jan.	1917	E 29752	20	20
Feb.		E 32771	20	20
March		E 36076	20	20
April		F 2204	20	20
May		75489	20	20
June		79063	20	20
July		F 12364	20	20
Aug.		M 15157	20	20
Sept.		S 18072	20	20
Oct.		C 21771	20	20
Nov.		023828	20	20
Dec.		O 27092	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.		Remarks.	
Aug.	1918					
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1919					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						
Jan.	1920					
Feb.						
March						
April						
May						
June						
July						
Aug.						
Sept.						
Oct.						
Nov.						



## SEPARATION ALLOWANCE

Name *Loretta Longboat*Name of Soldier *Longboat Thos. C.*

Address

~~*15 Grange Road*~~

Regtl. No.

*862865*

Rank

*Rt*

Corps

*180th Battalion*

Relation to Soldier

wife, child or mother

} *wife*

To what Corps belonging

when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.—7-16  
 1772—39—819.

Sheet No. 2.

*Loretta Longboat*  
 (Assignee)

OVERSEAS CONTINGENTS

*Wife*  
**PAYMENTS.**

Name of Soldier

*Longboat Thos. C.*

L. L. Job 5470—Req. 6888.

*862805 — Ote - 180th Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15<sup>00</sup></i>	<i>NOV 1</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>831297</i>	<i>15</i>	
Dec.		<i>74 36671</i>	<i>15</i>	
Jan.	1917	<i>939661</i>	<i>15</i>	
Feb.		<i>945662</i>	<i>15</i>	
March		<i>A51791</i>	<i>15</i>	<i>15</i>
April		<i>43088</i>	<i>15</i>	<i>15-18</i>
May		<i>49876</i>	<i>15</i>	
June		<i>X15927</i>	<i>15</i>	<i>Ca</i>
July		<i>123169</i>	<i>15</i>	<i>Ca</i>
Aug.		<i>R30333</i>	<i>15</i>	
Sept.		<i>E37431</i>	<i>15</i>	<i>15-16</i>
Oct.		<i>20 44935</i>	<i>15</i>	
Nov.		<i>Q49533</i>	<i>15</i>	
Dec.		<i>Q37158</i>	<i>15</i>	
Jan.	1918		<i>210</i>	
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

Month.	Year.	Cheque No.	Amt.		Remarks.
Aug.	1918				
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1920				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					



*Wife*  
MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
50m.—6-18.  
H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

NOV 7 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

006956

Nov 1-16

## RATE OF SEPARATION ALLOWANCE

20.	\$ 25.00	30.	
1-12-17		P. 2753	
P.O. 3257		M.O. 3194	

## RATE OF ASSIGNMENT

15-			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. 862805  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name Thos C. Longboat  
 Battalion 180 Bn  
 Beneficiary Loretta Longboat-  
 Relationship Wife  
 Address

## PARTICULARS OF ASSIGNMENT

Name Loretta Longboat-  
 Address Caledonia Ont-  
 Change of Address  
 1  
 2  
 3  
 4

Rate 25.00 M.T.N. 2534 29.10 H

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					11279-56
Dec 31		440	210	650	
Jan	66208 F	30	15	45	✓
Feb	71808 H	25	15	40	✓
Mar	95332 J	25	15	40	✓
Apr	20855 D	25	15	40	✓
May	19360 L	25	15	40	✓
June	24150 H	25	15	40	✓
July	29609 N	25	15	40	✓
Aug	41043 U	25	15	40	✓
Sept	44556 M	25	15	40	✓
Oct	51082 S	25	15	40	✓
Nov	61956 J	25	15	40	✓
Dec	64946 L	45	15	60	✓
Jan	75136 P	30	15	45	✓
Feb	78858 N	30	15	45	✓
Mar	86081 S	30	15	45	✓
Apr	4080 J	30	15	45	✓
May	9149 W	30	15	45	✓
		915	465		
A/c Closed	31-5-19				
Ret'd per	Batter				
Date	1-5-19	M.F.W. 187	15-5-19		
Closed	Closed				
	md 2 99789 mro				

AUDITED





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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## PARTICULARS OF SEPARATION ALLOWANCE

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

## PARTICULARS OF ASSIGNMENT

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------